

SERFF Tracking Number:	GRTA-125881250	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR 0808 GLFM		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CA AR 0808 GLFM		
Project Name/Number:	/		

Filing at a Glance

Company: Great American Assurance Company

Product Name: CA AR 0808 GLFM

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

SERFF Tr Num: GRTA-125881250

SERFF Status: Closed

Co Tr Num: CA AR 0808 GLFM

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Jennifer Stadtmiller

Date Submitted: 10/30/2008

Disposition Date: 10/31/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal):
12/01/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Corresponding Filing Tracking Number:

Filing Description:

To place on file CG 84 20 10/08 - Trucking Operations Liability Coverage. This form applies only to the Trucking program.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number:	GRTA-125881250	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR 0808 GLFM		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CA AR 0808 GLFM		
Project Name/Number:	/		

Jen Stadtmiller, Analyst	jstadmiller@gaic.com
49 east 4th street	(513) 369-5000 [Phone]
cincinnati, OH 45202	

Filing Company Information

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

SERFF Tracking Number:	GRTA-125881250	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR 0808 GLFM		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CA AR 0808 GLFM		
Project Name/Number:	/		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 for each form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$50.00	10/30/2008	23591636

<i>SERFF Tracking Number:</i>	<i>GRTA-125881250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Assurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR 0808 GLFM</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>CA AR 0808 GLFM</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/31/2008	10/31/2008

<i>SERFF Tracking Number:</i>	<i>GRTA-125881250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Assurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR 0808 GLFM</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>CA AR 0808 GLFM</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/31/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	GRTA-125881250	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR 0808 GLFM		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CA AR 0808 GLFM		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Trucking Operations Liability Coverage	Approved	Yes

SERFF Tracking Number:	GRTA-125881250	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR 0808 GLFM		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CA AR 0808 GLFM		
Project Name/Number:	/		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Trucking Operations Liability Coverage	CG 84 20	10/08	Endorsement/Amendment/Conditions			CG 84 20 _10 08_.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUCKING OPERATIONS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following Policy and Coverage Part:

COMMERCIAL GENERAL LIABILITY

I. Exclusion "g." in Section I, 2. Exclusions, is deleted and replaced by the following:

g. Aircraft or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading."

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

- (1) a watercraft while ashore on premises you own or rent;
- (2) a watercraft you do not own that is:
 - (a) less than 26 feet long; and
 - (b) not being used to carry persons or property for a charge;
- (3) liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft.

II. A new exclusion "r." is added to Section I, 2. Exclusions.

r. Auto

"Bodily injury" or "property damage," proximately caused by the ownership, maintenance, use or entrustment to others of any "auto" owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading."

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the “occurrence” which caused the “bodily injury” or “property damage” involved the ownership, maintenance, use or entrustment to others of any “auto” that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

- (1) parking an “auto” on, or on the ways next to, premises you own or rent, provided the “auto” is not owned by or rented or loaned to you or the insured;
- (2) “bodily injury” or “property damage” arising out of:
 - (a) the operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of “mobile equipment” if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged; or
 - (b) the operation of any of the machinery or equipment listed in paragraph **f.(2)** or **f.(3)** of the definition of “mobile equipment.”

III. A new exclusion "s." is added to Section I, 2. Exclusions.

s. Non-trucking operations

"Bodily injury" or "property damage" arising out of "non-trucking operations" or suffered by any person present at the insured's premises for reasons that, principally, are not related to the conduct of the insured's trucking operations. For purposes of this exclusion s., "non-trucking operations" means that the use of the insured's property or purpose of the activity from which the "bodily injury" or "property damage" arises is [i] for a non-business purpose, such as, for example, a residence, or [ii] for the conduct of any business or the rendering of any professional service that is not a necessary part of the insured's trucking operations.

All other terms and conditions remain unchanged.

<i>SERFF Tracking Number:</i>	<i>GRTA-125881250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Assurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR 0808 GLFM</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>CA AR 0808 GLFM</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	GRTA-125881250	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR 0808 GLFM		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CA AR 0808 GLFM		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/31/2008
-------------------------	--	-----------------------	----------	------------

Comments:

Attachment:

AR Transmittal Document.pdf

Satisfied -Name:	Cover Letter	Review Status:	Approved	10/31/2008
-------------------------	--------------	-----------------------	----------	------------

Comments:

Attachment:

AR Cover Letter.pdf

Satisfied -Name:	Form Filing Schedule	Review Status:	Approved	10/31/2008
-------------------------	----------------------	-----------------------	----------	------------

Comments:

Attachment:

AR Form Filing Schedule.pdf

Satisfied -Name:	Explanatory Memorandum	Review Status:	Approved	10/31/2008
-------------------------	------------------------	-----------------------	----------	------------

Comments:

Attachment:

Forms Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3.	Group Name	Group NAIC #
	Great American Insurance Group	084

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great American Assurance Company	OH	26344	15-6020948	

5.	Company Tracking Number	CA AR 0808 GLFM
-----------	--------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jennifer Stadtmiller	State Filings Technician	513.369.5622	513.333.6996	jstadtmiller@gaic.com
	49 E. 4 th Street, DTN 6 Cincinnati, OH 45202				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jennifer Stadtmiller

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Auto 20.0000
10.	Sub-Type of Insurance (Sub-TOI)	Truckers 20.0004
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/01/08 Renewal: 12/01/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing	10/29/08	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CA AR 0808 GLFM
------------	--	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Original Countrywide Filing of CG 84 20 10/08 Trucking Operations Liability Coverage.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax



October 29, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **Great American Assurance Company 084-26344**
Commercial Automobile – Trucking Division
Form Filing – Trucking Operations Liability Coverage
CG 84 20 Ed. 10/08
GAI Filing # CA AR 0808 GLFM

Dear Sir or Madam:

The above captioned company wishes to place on file the above captioned form. Please find enclosed all necessary transmittals and explanatory memorandums for a form only filing.

Please note all filed forms apply only to the Trucking program.

Please use the enclosed duplicate letter to indicate your receipt and acknowledgement. We request that this filing be available for use December 1, 2008.

Thank you and please contact me with any further questions.

Sincerely,

Jennifer Stadtmiller
State Filings Technician
Product Development & Compliance
Phone: 513.369.5622
Fax: 513.333.6996
Email: jstadtmiller@gaic.com

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CA AR 0808 GLFM			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Trucking Operations Liability Coverage	CG 84 20 Ed. 10/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

LONG HAUL TRUCKING

FORMS MEMORANDUM

Great American's Trucking Division hereby files CG 84 20, 10/08, to tailor coverage under the Commercial General Liability Coverage Form to Trucking Operations.